

**TRANSMITTAL AND NOTICE OF APPROVAL, OF
STATE PLAN MATERIAL**
FOR: HEALTH CARE FINANCING ADMINISTRATION

1. TRANSMITTAL NUMBER:

0 1 - 0 2 0

2. STATE:

Indiana

3. PROGRAM IDENTIFICATION: TITLE XIX OF THE SOCIAL
SECURITY ACT (MEDICAID)

4. PROPOSED EFFECTIVE DATE

October 1, 2001

TO: REGIONAL ADMINISTRATOR
HEALTH CARE FINANCING ADMINISTRATION
DEPARTMENT OF HEALTH AND HUMAN SERVICES

5. TYPE OF PLAN MATERIAL (Check One):

☐ NEW STATE PLAN☐ AMENDMENT TO BE CONSIDERED AS NEW PLAN☒ AMENDMENT

COMPLETE BLOCKS 6 THRU 10 IF THIS IS AN AMENDMENT (Separate Transmittal for each amendment)

6. FEDERAL STATUTE/REGULATION CITATION:

1902(a)(10) & 1902 (a)(30) of the Act

7. FEDERAL BUDGET IMPACT:

a. FFY 2002 { \$10.1M }b. FFY 2003 { \$10.4M }

8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT:

Supplement 1 to Attachment 4.19-B, pgs 1-3

9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION
OR ATTACHMENT (If Applicable):

Supplement 1 to Attachment 4.19-B, pgs 1-3

10. SUBJECT OF AMENDMENT:

Payment of Medicare cross-over claims filed by nursing facilities

11. GOVERNOR'S REVIEW (Check One):

☐ GOVERNOR'S OFFICE REPORTED NO COMMENT☐ OTHER, AS SPECIFIED:☐ COMMENTS OF GOVERNOR'S OFFICE ENCLOSED☐ NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL

12. SIGNATURE OF STATE AGENCY OFFICIAL:

Melanie Bella

13. TYPED NAME:

Melanie Bella

14. TITLE:

Assistant Secretary, OMPP

15. DATE SUBMITTED:

11/08/01

16. RETURN TO:

Melanie Bella, Assistant Secretary
Office of Medicaid Policy & Planning
402 West Washington, Room W382
Indianapolis, IN 46204
ATTN: Tracy Brunner, State Plan Coordinator

FOR REGIONAL OFFICE USE ONLY

17. DATE RECEIVED:

11/14/01

18. DATE APPROVED:

12/19/01

PLAN APPROVED - ONE COPY ATTACHED

19. EFFECTIVE DATE OF APPROVED MATERIAL:

10-01-01

20. SIGNATURE OF REGIONAL OFFICIAL:

Cheryl A. Harris

21. TYPED NAME:

Cheryl A. Harris

22. TITLE:

Associate Regional Administrator
Division of Medicaid and Children's Health

23. REMARKS:

RECEIVED

NOV 14 2001

DMCH - IL/IN/OH

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State/Territory: Indiana

METHODS AND STANDARDS FOR ESTABLISHING PAYMENT RATES -
OTHER TYPES OF CARE

Payment of Medicare Part A and Part B Deductible/Coinsurance

Except for a nominal recipient copayment (as specified in Attachment 4.18 of this State plan), if applicable, the Medicaid agency uses the following general method for payment:

1. Payments are limited to State plan rates and payment methodologies for the groups and payments listed below and designated with the letters "SP".

For specific Medicare services which are not otherwise covered by this State plan, the Medicaid agency uses Medicare payment rates unless a special rate or method is set out on Page 3 in item ____ of this attachment (see 3. below).

2. Payments are up to the full amount of the Medicare rate for the groups and payments listed below, and designated with the letters "MR."
3. Payments are up to the amount of a special rate, or according to a special method, described on Page 3 in item 1 of this attachment, for those groups and payments listed below and designated with the letters "NR".
4. Any exceptions to the general methods used for a particular group or payment are specified on Page 3 in item 1 of this attachment (see 3. above).

TN No. 01-020

Supersedes _____ Approval Date _____

Effective Date 10-1-01

TN No. 96-008

HCFA ID: 7982E

Revision: HCFA-PM-91- 4 (BPD)
AUGUST 1991

Supplement 1 to ATTACHMENT 4.19-B
Page 2
OMB No.: 0938-

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State/Territory: Indiana

METHODS AND STANDARDS FOR ESTABLISHING PAYMENT RATES -
OTHER TYPES OF CARE

Payment of Medicare Part A and Part B Deductible/Coinsurance

QMBs:	Part A	<u>MR</u>	Deductibles	<u>MR</u>	Coinsurance
	Part B	<u>MR</u>	Deductibles	<u>MR</u>	Coinsurance

Other	Part A	<u>MR</u>	Deductibles	<u>MR</u>	Coinsurance
Medicaid					
Recipients	Part B	<u>MR</u>	Deductibles	<u>MR</u>	Coinsurance

Dual	Part A	<u>MR</u>	Deductibles	<u>MR</u>	Coinsurance
Eligible					
(QMB Plus)	Part B	<u>MR</u>	Deductibles	<u>MR</u>	Coinsurance

Claims	Part A	<u>NR</u>	Deductibles	<u>NR</u>	Coinsurance
filed by					
Nursing	Part B	<u>NR</u>	Deductibles	<u>NR</u>	Coinsurance
Facilities					

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STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State/Territory: Indiana

METHODS AND STANDARDS FOR ESTABLISHING PAYMENT RATES -
OTHER TYPES OF CARE

Payment of Medicare Part A and Part B Deductible/Coinsurance

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1. Cross-over claims filed by nursing facilities are reimbursed as set out below:

If the Medicare payment amount for a claim exceeds or equals the Medicaid allowable amount for that claim, Medicaid reimbursement will be zero.

If the Medicaid allowable amount for a claim exceeds the Medicare payment amount for that claim, Medicaid reimbursement is the lesser of:

- (a) the difference between the Medicaid allowable amount minus the Medicare payment amount; or
- (b) the Medicare coinsurance and deductible, if any, for the claim.

TN No. 01-020

Supersedes

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Approval Date _____

Effective Date 10-1-01

HCFA ID: 7982E